

(A)

FILED

JUN 11 2008

1 AARON JAMES PIERCE JSS222-409/340  
 2 CALIFORNIA REHABILITATION CENTER-NORCO  
 3 POST OFFICE BOX #3535  
 NORCO, CALIFORNIA 92860-0991

RICHARD W. WIEKING  
 CLERK, U.S. DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

4 AARON JAMES PIERCE }  
 PLAINTIFF }  
 5 MATTHEW V. MARTEL (CRC WARDEN), et al }  
 6 EDWARD S. ALAMEIDA JR., (WARDEN) et al }  
 7 DEFENDANTS }

CASE NO: CV-08-2630 JF (PR)  
 CASE NO: CV-08-2678 JF (PR)

COVER LETTER TO THE  
 ATTACHED DECLARATION

8  
 9 TO: CLERK AND HONORABLE JEREMY FOGEL, JUDGE,

THE REASON I AM

10  
 11 INCLUDING THIS LETTER WITH MY ATTACHED DECLARATION AND COPY OF MY  
 12 TWENTY-FIVE PAGE SECOND AMENDED COMPLAINT THE COURT ACCIDENTLY  
 13 SENT ME TWO NOTICES FOR ME TO SEAVE ABOVE ENTITLED COURT WITH A  
 14 SECOND IN FORMA PAUPERIS APPLICATION.

15 YOU SEE PAGE 09 TO 15 OF MY ATTACHED AND FILED ON 05-27-08  
 16 SECOND AMENDED COMPLAINT IS WHERE MY PRISONER'S IN FORMA  
 17 PAUPERIS APPLICATION IS, WHICH IS SIGNED BY PRISON STAFF ON  
 18 04-21-08. I MAY INCLUDE ANOTHER APPLICATION THAT WILL BE  
 19 SIGNED BY THE CRC FACILITY IN THIRD WATCH CUSTODY SERGEANT,  
 20 BECAUSE THAT INDIVIDUAL TOLD ME LAST NIGHT TO SEE HIM TODAY  
 21 SO HE CAN CONTACT TRUST OFFICE STAFF AND COMPLETE THE ONE  
 22 I RECEIVED FROM THE COURT LAST NIGHT, EVEN THOUGH I DO NOT  
 23 NEED TO SEND ONE BECAUSE THE ONE IN COMPLAINT (PAGES 09-13).

24 NOW IN CLOSING I WANT TO THANK YOU READERS FOR ALL  
 25 OF YOUR TIME IN REGARD TO THIS LETTER/DECLARATION AND EXHIBITS  
 26 WHICH I LOOK FORWARD TO RECEIVING THE COURT'S IMMEDIATE  
 27 RESPONSE TO.

SINCERELY YOURS,

Aaron James Pierce  
 AARON JAMES PIERCE  
 PLAINTIFF AND WRITER

ORIGINAL

FILED

JUN 11 2008

AARON JAMES PIERCE J-55222/409-34-L  
 CALIFORNIA REHABILITATION CENTER - NORCO  
 POST OFFICE BOX #3535  
 NORCO, CALIFORNIA 92860 - 0991

RICHARD W. WIEKING  
 CLERK U.S. DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

## UNITED STATE DISTRICT COURT

## NORTHERN DISTRICT OF CALIFORNIA

AARON JAMES PIERCE,

Plaintiff,

VS.

CASE NO.: CV 08 2630 JF (PR) AND  
 CV 08 2678 JF (PR)

MATTHEW MARTER (WARDEN),  
SARY GROVER, M.D. (CRC - CMO),  
 Defendant(s). et al,

DECLARATION AND NOTICE THAT PLAINTIFF  
 ALREADY MAILED ABOVE ENTITLED COURT A  
 PRISONER'S IN FORMA PAUPERIS APPLICATION  
 IN PAGES 09-15 OF ATTACHED 42 UCS § 1983  
 HE MAILED COURT AND ATTORNEY GENERAL ON  
 05-18-08 AND IS NOW MAILING THE CLERK  
 AND JEREMY FOGEL, JUDGE AGAIN WITH  
 THIS REQUEST FOR NOTICE OF FILING THIS  
 ATTACHED COMPLAINT WITH A CONFORMED  
 COPY OF IT AT MY PRESENT ADDRESS.

I, AARON JAMES PIERCE, PLAINTIFF IN PRO-SE JUST RECEIVED THE  
 ATTACHED NOTICE THAT ABOVE ENTITLED COURT HAS DISMISSED CASE  
 AND GIVEN ME THIRTY (30) DAYS TO SERVE COURT CLERK WITH AN  
 IN FORMA PAUPERIS, WHICH I HAVE ALREADY DONE ON MAY 18, 2008  
 WITH THE 42 U.S.C. § 1983 CIVIL RIGHTS COMPLAINT I AM NOW GOING  
 TO SEND COPY OF WITH THIS DECLARATION, SO MY CIVIL CASE IS NOW  
 FILED.

I, AARON JAMES PIERCE DECLARE UNDER PENALTY OF PERJURY THAT  
 ALL OF THE FOREGOING STATEMENTS ARE TRUE AND CORRECTLY EXECUTED  
 ON THIS 03 DAY OF JUNE, 2008 IN THE COUNTY OF RIVERSIDE, CALIFORNIA.

06-03-08  
 (DATED)

Aaron James Pierce  
 AARON JAMES PIERCE  
 PLAINTIFF AND DECLARANT

1 AARON JAMES PIERCE JSS222/409-34 DATE: MAY 15, 2008  
 2 CALIFORNIA REHABILITATION CENTER - NORCO  
 3 POST OFFICE BOX #3535  
 4 NORCO, CALIFORNIA 92860-0991

5 UNITED STATES DISTRICT COURT  
 6 FOR THE NORTHEAN DISTRICT OF CALIFORNIA

7 AARON JAMES PIERCE }  
 8 MATTHEW V. MARTEL (CRC WARDEN) } PLAINTIFF  
 9 DOCTOR SARV GROVER, M.D. (CRC DEFENDANT, }  
 10 G.M.O.) }  
 11 DEFENDANT, }  
 12 CASE NO. 03-4934 JF (PR)  
 13 COVER LETTER TO COURT IN  
 14 REGARD TO THE ATTACHED  
 15 SECOND AMENDED COMPLAINT  
 16 AND THIRD COMPLAINT AGAINST CRC

17 DEAR CLERK, AND HONORABLE JUDGE(S),

18 I WILL HAVE A LOT OF TROUBLE  
 19 NAMING EACH AND EVERY DOCTOR AT CTF/SOLEDAO, AND ADMINISTRATIVE  
 20 STAFF MEMBER WHO REFUSED TO OPERATE ON THE HERNIA THOSE CTF/  
 21 CDCR STAFF MEMBERS SAID I HAD AND THEN SAID "THEY WOULD NOT  
 22 OPERATE ON BECAUSE TO THOSE DOCTORS IT WAS NOT AN EMERGENCY"  
 23 BEFORE I WAS RELEASED AND PAROLE OFFICE (REGION II) LUCIA GALGANO,  
 24 (PAII, SUPERVISOR) REFUSED TO HELP ME WITH AN OPERATION, BEFORE I WAS  
 25 RETURNED TO CTF/SOLEDAO WHERE I WAS TOLD "I HAVE" AND "I DO NOT  
 26 HAVE HERNIA" BY SAME DOCTOR, AND THEN ADMIN STAFF HAVE ME  
 27 TRANSFERRED TO CCC-SUSANVILLE WITH BILATERAL HERNIAS FOR FIRE-  
 28 CAMP TRAINING, BECAUSE I DO NOT REMEMBER ALL OF THOSE CDCR/  
 CTF EMPLOYEES NAMES WHICH ARE LISTED IN MY COURT FILE, WITH  
 I, AN INDIGENT CDCR INMATE CANNOT AFFORD TO BUY FROM COURT CLERK.  
 SO HOW CAN I NAME ALL THOSE PEOPLE WHO WORK FOR THE CDCR  
 PRISON WARDEN'S AND DIRECTOR I ALREADY NAMED AND WAS TOLD  
 BY 42 USC § 1983 INSTRUCTIONS ARE THE ONLY PEOPLE I NEED TO NAME?  
 I AM NOW SENDING YOU A NEW 1983 COMPLAINT AND THE SECOND  
 ONE YOU, YOUR HONOR INSTRUCTED ME TO FILE BECAUSE I, A MAN WHO  
 NEEDS THE APPOINTED ATTORNEY I ASKED FOR BECAUSE NOT ONLY AM I

1 AN UNEDUCATED IN LAW INDIVIDUAL WHO HAS BEEN BURDENED  
2 WITH THE TASK OF REPRESENTING MYSELF IN THE ABOVE  
3 ENTITLED HONORABLE COURT, I AM ALSO A CDCR/AMERICAN'S  
4 WITH DISABILITIES ACT INMATE WHO SUFFERS FROM ALL OF  
5 THESE DISABILITIES THE CDCR REFUSES TO PROVIDE ME  
6 WITH TREATMENT FOR; (A): POST TRAUMATIC ARTHRITIS IN  
7 PELVIS (B): TYPES 'A', 'B' AND 'C' HEPATITIS (C): RIGHT BRAIN  
8 LOBE DAMAGE FROM 01-20-94 MOTORCYCLE ACCIDENT (PLEASE  
9 SEE ATTACHED MEDICAL REPORTS) (D): DENTAL PROBLEMS  
10 (PURSUANT TO N.D. CALIFORNIA CASE: PEREZ V. TILTON) (E): DRUG  
11 ADDICTION, AND ALL OF THESE FIVE DISABILITIES ARE U.S.  
12 DOJ DISABILITIES.

13 SO WITH ALL OF THESE DISABILITIES, ESPECIALLY (C) I DO  
14 NOT UNDERSTAND WHY OR HOW THE ABOVE ENTITLED COURT  
15 COULD (H1): REFUSE MY REQUEST FOR AN APPOINTED ATTORNEY  
16 AND NOW (H2): BURDEN ME AN INDIGENT PRO-SE CDCR/  
17 INMATE WITH THE BASICALLY IMPOSSIBLE BURDEN OF NAMING  
18 EVERY CDCR OFFICIAL WHO IN SOME CASES DID NOT EVEN GIVE  
19 ME THEIR NAMES AS DEFENDANT'S WITHIN THIRTY (30) DAYS  
20 WHEN CDCR WILL TAKE LONGER AND I MEAN MUCH LONGER  
21 THAN THIRTY (30) DAYS TO PROVIDE ME WITH COPIES OF MY  
22 MEDICAL AND CUSTODY DOCUMENTS FROM OTHER PRISON FILES.

23 SO IF COURT REFUSES TO FILE MY AMENDED COMPLAINT  
24 THE WAY I HAVE WRITTEN IT I WILL NEED THE COURT TO  
25 SEND ME MY COURT FILE SO I CAN APPEAL IN 9TH CIRCUIT COURT.  
26 NOW IN CLOSING I HOPE YOU WILL CONSIDER MY NEEDS  
27 (MEDICAL) WHICH CDCR CARES NOTHING ABOUT.

28 SINCERELY  
Daron James Turner

COPY

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name PIERCE AARON J.  
 (Last) (First) (Initial)

Prisoner Number J-55232 / 409-34 LOW

Institutional Address CALIFORNIA REHABILITATION CENTER, P.O.  
Box #3535, NORCO, CALIFORNIA 92860-0991

UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

AARON JAMES PIERCE  
 (Enter the full name of plaintiff in this action.)

vs.

Case No. 03-4934 JT (PR)  
 (To be provided by the clerk of court)

JEANNE S. WOODFORD, et al.,  
WARDEN JIM HAMLET (CTF WARDEN)  
LUCIA GAGANO (PAT) PICSO SUPERVISOR  
DR. N. LUCA, M.D. CTF/SOLEDAO DOCTOR  
DR. ROBERTSON, M.D. CTF/SOLEDAO DOCTOR  
DR. SINNA, M.D. CTF/SOLEDAO DOCTOR  
DR. GREWAL, M.D. CTF/SOLEDAO DOCTOR  
 (Enter the full name of the defendant(s) in this action)

COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 42 U.S.C §§ 1983

SECOND AMENDED  
 COMPLAINT

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement CALIFORNIA REHABILITATION CENTER

B. Is there a grievance procedure in this institution?

YES ☒ NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ☒ NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at

each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal NO INFORMAL LEVEL TO CDC 1824 ADA  
FORMS AND NO CHANGE OCCURED IN REGARD TO HEARIN  
OPERATION DATE BEING SCHEDULED.

2. First formal level PARTIALLY GRANTED

3. Second formal level GRANTED IN PART WITH NO CHANGE  
IN TREATMENT OR THERAPY WHICH ALSO MEANS  
DENIED IN A BIGGER PART

4. Third formal level DENIED

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (X) NO ( )

F. If you did not present your claim for review through the grievance procedure, explain why. N/A

## II. Parties

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

ARON JAMES PERCE 755222/409-346

CALIF. RETRA. CENTER P.O. BOX #3535

NORCO, CALIFORNIA 92860-0991

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

JEANNE WOODFORD (CDCR DIRECTOR) JIM HAMLET (CTF WARDEN) LUCIA GALEANO  
(CDCR REGION II PAROLE OFFICE OF VENTURA COUNTY SUPERVISOR

1 DOCTOR N. LUSA, M.D. (CTF PRISON DOCTOR), DOCTOR CLIVE  
 2 ROBERTSON, M.D. (CTF PRISON DOCTOR), DOCTOR SINNA MD (CTF  
 3 PRISON DOCTOR), DOCTOR INDERJIT GREWAL MD (CTF PRISON DOCTOR)

### 4 III. Statement of Claim

5 State here as briefly as possible the facts of your case. Be sure to describe how each  
 6 defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any  
 7 cases or statutes. If you have more than one claim, each claim should be set forth in a separate  
 8 numbered paragraph.

9 ① CDCR DIRECTOR JEANNE WOODFORD AND CTF PRISON WARDEN JIM HAMLET'S  
 10 MEDICAL AND ADMINISTRATIVE STAFF REFUSED TO SCHEDULE ME FOR  
 11 BILATERAL INGUINAL HERNIA OPERATION AFTER MY 2001 PRISON JOB  
 12 INJURY THAT CAUSED HERNIA AND THEIR STAFF DID NOT ANSWER  
 13 THE FINAL FORMAL GAZ APPEALS I MAILED IN 2001/2002.

14 ② REGIE PATIL LUCIA GALGANO REFUSED TO HELP ME WITH OPERATION IN  
 15 20002 WHEN SHE SAID "MY HERNIA WAS PRISON PROBLEM NOT PAROLE PROBLEM"

16 ③ DR. N. LUSA M.D. STATED ON RECORD "I HAVE HERNIA" "I DON'T HAVE HERNIA"  
 17 AND HAD ME A MAN WITH MULTIPLE OTHER DISABILITIES TRANSFERRED TO  
 18 FIRE CAMP TRAINING. ④ DR. CLIVE ROBERTSON MD STATED "I HAVE HERNIA  
 19 WHICH DOES NOT NEED TO BE OPERATED ON" ⑤ DR. SINNA MD STATED "I  
 20 HAD HERNIA AND ARTHRITIS" BUT MADE NO ORDER FOR OPERATION & THERAPY.

21 ⑥ DR. GREWAL SAID I AN AAA INMATE WITH HERNIA AND ARTHRITIS WAS NOT  
 22 AN AMERICANS WITH DISABILITIES ACT INMATE WHICH CAUSED ME HARM!

### 23 IV. Relief

24 Your complaint cannot go forward unless you request specific relief. State briefly exactly what  
 25 you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 ① COURT TO ORDER CALIFORNIA DEPARTMENT OF CORRECTIONS  
 27 AND REHABILITATION TO PAY ME ONE MILLION - FIVE HUNDRED  
 28 THOUSAND DOLLARS ② ORDER CDCR DIRECTOR TO PROVIDE ME  
 WITH PHYSICAL THERAPY REGARDING ARTHRITIS AND HEPATITIS

COMPLAINT

1 BY A VENTURA COUNTY COMMUNITY DOCTORS OFFICE AFTER  
2 MY JULY 10, 2008 RELEASE DATE, AND BY CRC PRISON  
3 MEDICAL DEPARTMENT UNTIL MY 07/10/08 RELEASE DATE

4 I declare under penalty of perjury that the foregoing is true and correct.

5  
6 Signed this 18 day of MAY, 20 08

7  
8 Ramon James Lugo  
9 (Plaintiff's signature)



1 AARON JAMES PIERCE, J-55222/409-34LOW  
 2 CALIFORNIA REHABILITATION CENTER — NORCO  
 3 POST OFFICE BOX #3535  
 4 NORCO, CALIFORNIA 92860-0991

5 UNITED STATE DISTRICT COURT  
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NORTHERN DISTRICT OF CALIFORNIA

AARON JAMES PIERCE

Plaintiff,

vs.

CASE NUMBER: C-03-04934 JF

EDWARD S. ALAMEIDA JR, et al.

Defendant(s).

DECLARATION OF PLAINTIFF IN  
 REGARD TO ATTACHED RESPONSE  
 FROM DIRECTOR OF CORRECTIONS  
 FOR AN EMERGENCY CDCR 602

I, AARON JAMES PIERCE, PLAINTIFF IN PRO-SE, DECLARE UNDER THE  
 PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE ALL TRUE AND  
 CORRECT.

RE:

- #1 REGARDING ARGUMENT I AM IN CONSTANT PAIN AND DR. DIANA BUI, M.D. ORDERED I RECEIVE PHYSICAL THERAPY FOR PELVIS WHERE I SUFFER FROM ARTHRITIS AND A BLOOD TEST REGARDING MY REQUEST I MADE FOR INTERFERON AND NURSES STATE "MEDICAL DEPT. IS TOO BUSY TO PROVIDE ME WITH PHYSICAL THERAPY REGARDING MY PELVIS" AND I DID GIVE A BLOOD TEST REGARDING MY LIVER BUT NO INTERFERON HAS BEEN PRESCRIBED TO ME AND I DOUBT IF ANY WILL BY CDCR DOCTOR'S
- #2 DR. DIANA BUI, M.D. ORDERED I RECEIVE PHYSICAL THERAPY BUT I HAVE BEEN TOLD BY NURSES HERE AT CRC-III THAT "IT WILL NOT HAPPEN" AND THAT IS THE PHYSICAL THERAPY I NEED.
- #3 THE REASON I DISAGREE WITH MEDICATION AND TREATMENTS IS MEDICATION IS NOT STRONG ENOUGH AND I AM NOT RECEIVING TREATMENT I NEED.
- #4 REGARDING CDCR REJECTING TO FILE MY ADA 1824 I AM SIMPLY ASKING FOR PHYSICAL THERAPY AND INTERFERON THAT OTHER CDCR INMATES GET. SO IT WAS ILLEGAL FOR CDCR TO REJECT MY ADA CLAIMS IN THAT 1824 ADA REQUEST BECAUSE I AM A CDCR ADA INMATE.
- #5 I HAVE HAD HEPATITIS 'C' SINCE 1989 CDCR KNOWS THAT BUT CDCR STAFF NEVER DO MORE THAN TAKE BLOOD TEST WHEN I AM TOLD BY OUTSIDE OF PRISON DOCTOR TO ASK FOR A LIVER BIOPSY AND I HAVE BUT HAVE NEVER RECEIVED ONE
- #6 I MAY HAVE BEEN REFERRED FOR AT REGARDING HCV TREATMENTS BUT I'VE NOT RECEIVED PT FOR ANYTHING.
- #7 I DO NOT AGREE WITH CDCR/CRC DOCTORS AND NURSES BECAUSE THEY ARE NOT DOING ANYTHING AT ALL FOR MY MEDICAL NEEDS.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE FOREGOING IS  
 TRUE AND CORRECT. EXECUTED ON 05-14-08 IN NORCO, CALIFORNIA.

05-14-08

Aaron James Pierce

ORIGINAL

COPY OF:

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
INMATE APPEALS BRANCH  
P. O. BOX 942883  
SACRAMENTO, CA 94283-0001

**DIRECTOR'S LEVEL APPEAL DECISION**

Date: **MAY 05 2008**

In re: Aaron Pierce, J55222  
California Rehabilitation Center  
P.O. Box 1841  
Norco, CA 92860-0991

IAB Case No.: 0723689

Local Log No.: CRC-08-00156

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner B. Sullivan, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

① **I APPELLANT'S ARGUMENT:** It is the appellant's position that he is in severe pain and his pain medications are not working. He also states he needs Physical Therapy (PT). He asks for pain medication that works, PT regarding his arthritis, and proper treatment for his Hepatitis "C" Virus (HCV).

② **II SECOND LEVEL'S DECISION:** The reviewer found that on February 2, 2008, the appellant was seen by Dr. Bui. His medications were reviewed and adjusted. On Marcy 18, 2008, Dr. Bui discussed the risks and benefits of the appellant's current medications including the appellant's request for Interferon Therapy. It was determined that further monitoring is warranted before therapy will be considered. Dr. Bui completed a referral for PT. The appellant's request for Interferon is pending based upon further evaluation. The appeal is granted in part at the Second Level of Review.

**III DIRECTOR'S LEVEL DECISION:** Appeal is denied.

③ **A. FINDINGS:** This appeal at the Director's Level of Review (DLR) has been reclassified as a medical appeal. The appellant is requesting pain medications, PT, and HCV treatments. He disagrees with his current treatment. ④ An Americans with Disabilities Act (ADA) appeal must involve a request for access or participation in a program, service, or activity where the inmate claims that access or participation is impaired or limited due to a disability; thus the request for reasonable modification or accommodation. These appeal issues do not meet the requirements to be filed as an ADA appeal.

⑤ At the DLR the appellant states that he has not received PT yet and he has had HCV for over two decades with no Interferon treatments. He believes the California Rehabilitation Center (CRC) is completely ignoring his medical needs.

⑥ The appellant has been referred for PT and for additional monitoring regarding his HCV treatments. His medications have been explained and discussed with him. From all information included in this appeal, it is evident the appellant's medical needs are being addressed at CRC. While the appellant might disagree with the medical opinions of the doctors and specialists at CRC who have examined him and reviewed his Unit Health Record, he must realize that the California Code of Regulations, Title 15, Section (CCR) 3354 establishes that only qualified medical staff shall be permitted to diagnose illness and prescribe medication and medical treatment for inmates. After considering the evidence and arguments herein, it has been determined that staff acted appropriately on the appellant's request.

**B. BASIS FOR THE DECISION:**  
CCR: 3350, 3354

**C. ORDER:** No changes or modifications are required by the Institution.

**EXHIBIT**

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

AARON JAMES PIERCE

Plaintiff,

v.

MATTHEW MARTEL (WARDEN) et. al.,  
Defendant.

CASE NO.

PRISONER'S  
IN FORMA PAUPERIS  
APPLICATION

I, AARON JAMES PIERCE, declare under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: N/A

Employer: N/A

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

MARCH, 2006 AT T<sup>3</sup>H COMPRESSOR REPAIR FOR ONE MONTH WHERE  
I WAS PAID \$15.00 PER HOUR IN VENTURA, CALIFORNIA

COPY OF:  
ORIGINAL

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- |    |  |     |       |    |          |
|----|--|-----|-------|----|----------|
| a. | Business, Profession or self employment  | Yes | _____ | No | <u>X</u> |
| b. | Income from stocks, bonds, or royalties?                                       | Yes | _____ | No | <u>X</u> |
| c. | Rent payments?   | Yes | _____ | No | <u>X</u> |
| d. | Pensions, annuities, or life insurance payments?                               | Yes | _____ | No | <u>X</u> |
| e. | Federal or State welfare payments, Social Security or other government source? | Yes | _____ | No | <u>X</u> |

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

\_\_\_\_\_ N/A \_\_\_\_\_  
 \_\_\_\_\_

3. Are you married? Yes \_\_\_\_\_ No X

Spouse's Full Name: N/A

Spouse's Place of Employment: N/A

Spouse's Monthly Salary, Wages or Income:

Gross \$ u u Net \$ u u

4. a. List amount you contribute to your spouse's support:

\$ NO SPOUSE

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support:

\_\_\_\_\_ NONE \_\_\_\_\_  
 \_\_\_\_\_

5. Do you own or are you buying a home? Yes \_\_\_\_\_ No X

Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

6. Do you own an automobile? Yes \_\_\_\_\_ No X

Make N/A Year N/A Model N/A

Is it financed? Yes \_\_\_\_\_ No 0 If so, Total due: \$ 0

Monthly Payment: \$ 0

7. Do you have a bank account? (If you are a prisoner, include funds in your prison account, and provide the certificate attached, signed by an officer of the prison.)

Yes X No       

Name(s) and address(es) of bank: MIDSTATE BANK AND TRUST  
301 EAST MAIN STREET, VENTURA, CALIFORNIA 93001

Present balance(s): \$ 56.00

Do you own any cash? Yes        No X Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes        No X

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed On This Account
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)

CHILD SUPPORT TO MY DAUGHTER AMANDA JADE PIERCE AND HER MOTHER  
WHO LIVE OUT OF STATE SOMEWHERE (IDAHO?)

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

05-09-08  
DATE

Ramon James Perea  
SIGNATURE OF APPLICANT

AARON JAMES PIERCE  
Petitioner

DECLARATION IN SUPPORT  
OF REQUEST  
TO PROCEED  
IN FORMA PAUPERIS

HONORABLE EDWARD BRODIE, JUDGE  
Respondent(s)

I, AARON JAMES PIERCE, declare that I am the petitioner in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

1. Are you presently employed? ☐ Yes ☒ No

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer. N/A

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received. 2005/2006 \$2,400.00 A MONTH AT \$15.00 PER HOUR

2. Have you received, within the past twelve months, any money from any of the following sources?

- a. Business, profession or form of self-employment? ☐ Yes ☒ No
- b. Rent payments, interest or dividends? ☐ Yes ☒ No
- c. Pensions, annuities or life insurance payments? ☐ Yes ☒ No
- d. Gifts or inheritances? ☐ Yes ☒ No
- e. Any other sources? ☐ Yes ☒ No

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months: N/A

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts)  
☒ Yes ☐ No

If the answer is yes, state the total value of the items owned: \$50.00 IN CHECKING ACCOUNT AT MIDSTATE BANK, WHICH I HAVE NO ACCESS TO WHILE I AM NOW IN CUSTODY

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property? (Excluding ordinary household furnishings and clothing) ☐ Yes ☒ No

If the answer is yes, describe the property and state its approximate value: N/A

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: NONE

I, declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on 04-17-08  
Date

Baron James Puentes  
Signature of Petitioner

**CERTIFICATE**

I hereby certify that the Petitioner herein has the sum of \$ 0 on account to his credit at the CALIFORNIA REHABILITATION CENTER institution where he is confined. I further certify that Petitioner likewise has the following securities to his credit according to the records of said institution: CALIFORNIA REHABILITATION CENTER

4-21-08  
Date

Cindy S. [Signature]  
Authorized Officer of Institution/Title of Officer

C. Aspin



REPORT ID: TSE030 . 701

REPORT DATE: 04/21/06  
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIF. REHABILITATION CENTER  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU APR. 21, 2008

ACCOUNT NUMBER : J55222  
ACCOUNT NAME : PIERCE, AARON  
PRIVILEGE GROUP : A

RED/CELL NUMBER: 4 0900000000034L  
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

( ( NO ACCOUNT ACTIVITY FOR THIS PERIOD ) )

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
03/07/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/7	0.92
03/07/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/7	0.75
03/07/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/7	0.75
03/07/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/7	0.41
03/07/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/7	2.16
03/07/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/7	1.65
03/07/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/7	0.75
03/07/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/7	0.34
03/07/2008	H118	LEGAL COPIES HOLD	LEGAL 3/7	1.48
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/7	2.50
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.41
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.58
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.75
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.41
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.58
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.41
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.41
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.41
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.41
03/13/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/12	0.41
03/25/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/25	1.31
03/27/2008	H109	LEGAL POSTAGE HOLD	LEGAL 3/27	0.58
04/02/2008	H109	LEGAL POSTAGE HOLD	LEGAL 4/02	1.48
04/02/2008	H109	LEGAL POSTAGE HOLD	LEGAL 4/02	1.65
04/02/2008	H109	LEGAL POSTAGE HOLD	LEGAL 4/02	0.75
04/02/2008	H109	LEGAL POSTAGE HOLD	LEGAL 4/02	2.16
04/03/2008	H118	LEGAL COPIES HOLD	LEGAL 4/02	1.65
04/08/2008	H109	LEGAL POSTAGE HOLD	LEGAL 4/08	2.20
04/08/2008	H109	LEGAL POSTAGE HOLD	LEGAL 4/08	0.92
04/16/2008	H109	LEGAL POSTAGE HOLD	LEGAL 4/16	1.31
04/16/2008	H109	LEGAL POSTAGE HOLD	LEGAL 4/16	0.97
04/16/2008	H109	LEGAL POSTAGE HOLD	LEGAL 4/16	0.41
04/17/2008	H118	LEGAL COPIES HOLD	LEGAL 4/17	1.99
				16.40



REPORT ID: TS3030 701

REPORT DATE: 04/21/08  
PAGE NO: 2CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIF. REHABILITATION CENTER  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU APR 21, 2008

ACCT: J55222

ACCT NAME: PIERCE, AARON

ACCT TYPE: 1

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	50.68	0.00

CURRENT  
AVAILABLE  
BALANCE

50.68-

THE CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIF. REHABILITATION CENTER

W. C. Daman

DATE TIME

4/22/03

10:30 2nd floor visit

2nd floor ADA problem

(Card)

identified or clinical exam

INDERJIT GREWAL, M.D.  
STAFF PHYSICIAN & SURGEON  
CTF - SOLEDAD

5-103

2995 #25

5- C/O hernia, allergies

0- T-990, 9-70 E 18 B/P 115/72

P- Refer to the MD - P Valdesmir

(3) (1) lump/hernia?

(2) I am eligible for medically necessary  
permanant to ADA once I can't lift more  
than 10 lbs per hr. order. There is no job

(3) not recommended today

discussed the case &amp; senior

MTA Ruth: - This is NOT a ADA case

- his hernia does not require medically  
necessarium- I will record prior physical limitations  
& allow him to lift 20 lbs. This will  
allow him a job

- should monitor the hernia

Plm: see order

N. Luca, M.D.  
Physician & Surgeon  
CTF - SOLEDAD

INSTITUTION

TR-Contrat

PHYSICIAN

CTF (K)

ROOM NO.

203L

CDC NUMBER, NAME (LAST, FIRST, MI)

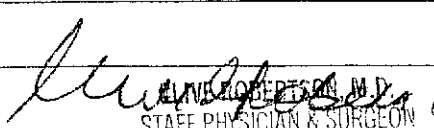
PIERCE

J-55222

PHYSICIAN'S PROGRESS NOTES

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION  
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed)
4/22/03			<p>① D/C Motion -</p> <p>② T9 level gr 2 - T10 - PR X 90 days</p> <p>③ Flexor car II gr 2 X 90 days</p> <p>INDERBIT GREWAL, M.D. STAFF PHYSICIAN &amp; SURGEON CTE - SOLEDAD</p>
4/22/03			<p>Wade</p>
5/1/03			<p>(1) Revert driver 1/13/03 phy limitation</p> <p>(2) Grant a new chronic muscle physical limitation allowing to lift 30 lb instead of 10 lb</p> <p>N. Luca, M.D. Physician &amp; Surgeon CTE - Soledad</p>

DATE	TIME	
2/27/03		<p>CTF- Soledad</p> <p>Pt. feels he is eligible for ADA classification &amp; needs M.D. eval. for some 40 Post-traumatic hip arthritis &amp; mobility limitations since 1994. T97 P68 R16 BP 132/76 w/ 19. Please assess &amp; decide whether I/M w/ ADA qualified. Thanks</p> <p>Anderson RN</p> <p>This ipm claims he got a hernia 12 yrs ago and claims post-traumatic osteoarthritis. Also wants cold</p> <p>He has a minimal (R) inguinal bulge (small reducible below R.H.)</p> <p>Gait normal. Clearly normal male</p> <p>Clearly this is not an ADA issue</p> <p>Surgery is not indicated at this time.</p> <p>Asymptomatic R</p> <p style="text-align: right;">               ALVIN ROBERTSON, M.D.              STAFF PHYSICIAN &amp; SURGEON              CTF - SOLEDAD           </p>
INSTITUTION	PHYSICIAN	ROOM NO.
CTF		
		<p>CDC NUMBER, NAME (LAST, FIRST, MI)</p> <p>Pierce</p> <p>Y55222</p>

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION  
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
8-24-01			Hernia Belt Size 36 Mr. Dayal
			H. DAYALAN, M.D. STAFF PHYSICIAN & SURGEON CTF - SOLEDAD
			noted 430 P. Smith M. T. H.
11-26-01			1) Tylenol, TI TID PRN X 90d. 2) chemo - Due to Inguinal Hernia and PostTraumatic Arthritis of both hips, please limit 1 M Pierce's job as: - No lifting over 20 lb, - No stooping or repetitive back bending. Duration: 6 mo. 3) lower back + hip chemo X 12 mo.
			noted J. Ellsworth
			S. Sinna C. SINNA MD

ALLERGIES:

N/A

INSTITUTION

CTF - S

ROOM/ING

0225  
2/76

CDC NUMBER, NAME (LAST, FIRST, MI)


C124

Confidential  
client information  
See W & J Code, Sections 4514 and  
5328

Pierce

DATE	TIME	
2/15/00	1000	Ad Reg Reg. results of Hep tests given by letter HCV Ab (+) undet VL HBC Ab (+) HBs Ag (+)
3/13/2000		EMERGENCY Sick Call 40 Chronic Pain Antikiller (Hartz)
BP 108/76		
R-16		
9989		Wants pain meds for well documented chronic arthritis. Thinks himself getting off his X-600.
		Heaven

INSTITUTION Cmc-West	PHYSICIAN DR-124	CIX NUMBER, NAME (LAST, FIRST, MI) J- 55222 PIERCE, AARON 11/25/98 M WHI
PHYSICIAN'S PROGRESS NOTES		

DATE	TIME	
10/28/99		INMATE NAME: PIERCE J55222
		<u>SUBJECTIVE:</u> This patient is a 35 -year-old male status post motor vehicle accident in 1994. Patient fractured both hips. He is requesting pain medication. Patient also has a history of hepatitis B and hepatitis C.
		<u>OBJECTIVE:</u> Patient in no acute distress, alert and oriented. There is positive scars on both hips. Gate is normal. Good range of motion.
		<u>ASSESSMENT:</u> 1. Status post fracture of both hips. 2. History of hepatitis B and C
		<u>PLAN:</u> 1. Naprosyn 500 mg., p.o. b.i.d., with food, #60. 2. Once patient is in mainline, he needs to follow-up regarding his hepatitis B and C. 3. Liver tests was done and found to be normal.
		Anil Gupta, M.D. Physician/Surgeon dd: 10/28/99 dt: 11/17/99 ca Job: B clinic
		 A. Gupta M.D. Physician / Surgeon
INSTITUTION	PHYSICIAN	ROOM NO.
	WSP	
		CDC NUMBER, NAME (LAST, FIRST, MI)
		PIERCE J55222
PHYSICIAN'S PROGRESS NOTES		
CDC 7230 (7/90)		
DEPARTMENT OF CORRECTIONS		

## KERN RADIOLOGY MEDICAL GROUP, INC.

2301 Bahamas Drive  
Bakersfield, CA 93309  
Telephone 324-7000  
Fax 322-6911

WASCO STATE PRISON

PATIENT: PIERCE  
DOA:

DOB:  
HOUSING UNIT: C-


CDC# N-57816

BOTH HIPS: 3/22/95

INDICATION: Old accident.

AP and frogleg views of both hips were obtained. The hip joints are well maintained. No fracture or dislocation is identified. There is diastasis of the symphysis pubis with several bone fragments in the soft tissues. There are exostoses involving the anterior superior iliac spine on the right and the left iliac crest. These findings are presumably post traumatic in origin.

IMPRESSION: Normal examination of both hips. Post traumatic residuals involving the symphysis pubis and both innominate bones as noted.

  
JERRY ROSEN, M.D.  
Referring Physician: Sulman

D3/22/95 T3/23/95/lmj

  
EXHIBIT



23 OF 25

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

DR. TABODOB. 11-26-64HOUSING HOSPHOSPITAL OF  
CALIFORNIA INSTITUTION FOR MEN  
CHINO, CALIFORNIA

## Radiology Report

NAME PIERCE, AARONNO. N-57816DATE 9-23-94X-RAY OF CT SCAN OF HEAD

History \_\_\_\_\_

<sup>CT</sup>  
NON-CONTRAST SCANS OF THE HEAD: Utilizing a Siemens DRILL Ct scanner, scans were obtained through the head without contrast, for a total of 12 axial images with bone windows also presented for dictation.

FINDINGS: No fractures seen. I see no midline shift. I see no subdural or epidural collection of fluid. There is prominence to the temporal horn of the lateral ventricle on the right. This could be due to some atrophy secondary to previous trauma. I see no acute changes.

IMPRESSION: I see no active disease.

JFW: gk

DET: 9-26-94

J. E. Warren, M.D.

NAME PIERCE, AARONNO. N-57816DATE 9-12-94X-RAY OF CHESTHistory PSYCH D/O

Chest - Negative

JFW: gk  
DET: 9-23-94  
DET: 9-24-94

J. E. Warren, M.D.

EXHIBIT

DATE OF CONSULTATION:

1/20/94

REQUESTING:

## HISTORY:

This patient is a 27-year-old male who was brought in by ambulance after a motorcycle accident versus automobile. The patient was noted to have landed approximately 70 feet away from the accident against the curb. The patient was brought to the Emergency Department, where he was noted to be combative, moving all four extremities, with responsiveness to pain but not following commands. He was intubated and hyperventilated and paralyzed. He underwent CT of the brain, neck and abdomen. The patient was then brought back to the Emergency Department, where consultation by myself was requested.

## PHYSICAL EXAMINATION:

On exam, the patient at this time is sedated and partially paralyzed. The pupils are equal and reactive. They were noted at one time to be unequal, with his left being 4 mm and his right being 2 mm. Now they are closer in size, with 3 mm on the left and 2 mm on the right.

He is grossly moving to deep pain all four extremities. The patient has a pelvic fracture which has limitations to his movement. On deep tendon reflexes, reflexes are symmetrical. Toes are downgoing on the right and slight upgoing on the left. Cranial nerves other than above were noted to be grossly intact. Face is symmetrical. However, incomplete study only could be done since the patient was partially paralyzed and intubated.

## ASSESSMENT AND PLAN:

This patient is Glasgow 5 at this point with increasing neurologic status. CT demonstrates a contusion in the left cerebellar region, as well as subarachnoid blood in the right parietal region and small temporal contusion in the right side as well. Given the patient's slowly improving status and alcohol on board, the recommendation will be for ICU admission and frequent neurologic checks to follow his neurologic status. If the patient does not continue to improve to at least a GCS of 7 or 8, an ICP monitor will need to be placed.

JMH:ase/bn

DD: 1/25/94 1238

DT: 1/26/94

Doc. #C026BN03.VCM

[27543]

JAY M. HERMAN, M.D.

VENTURA COUNTY MEDICAL CENTER

PT: PIERCE, AARON  
MR#: 48-64-42

UNITED STATES NORTHERN DISTRICT COURT  
CASE NAME AND NUMBER:  
AARON JAMES PIERCE V. JEANNE WOODFORD, ET AL, (CASE NO. 03-4934 JF (AR))

**Proof of Service by Mail** (CCP § 1013(a) & 2015.5; 28 USC 1746)

I declare that: I, AARON JAMES PIERCE, J-55222 - DORM 409 - BUNK 3760W

I am a resident of the County of RIVERSIDE, California. I am

over the age of eighteen years. My residence address is:

CALIFORNIA REHABILITATION CENTER-NORCO, POST OFFICE BOX  
#3535, NORCO, CALIFORNIA 92860-0991

On 05 - 18 - 08 I served the attached (A) COVER LETTER TO COURT IN  
REGARD TO THE ATTACHED SECOND AMENDED COMPLAINT AND THIRD COMPLAINT  
AGAINST CRC (B) COMPLAINT UNDER THE CIVIL RIGHTS ACT 42 USC § 3 1983 (C)  
PRISONER'S INFORMAL PAUPER'S APPLICATION (D) DECLARATION IN SUPPORT OF  
REQUEST TO PROCEED IN FORMA PAUPERIS (E) NINE PAGES OF CORR-MEDICAL DOCUMENTS AS  
EXHIBITS (F) ADDRESSED ENVELOPE AND THIS REQUEST FOR CLERK TO MAIL ME A CONFORMED COPY  
on the PARTIES NOW LISTED HEREINAFTER in said case, by placing a true copy thereof enclosed  
in a sealed envelope with postage thereon fully paid in the United States mail at CALIFORNIA

REHABILITATION CENTER, P.O.B. #3535, NORCO, CALIFORNIA 92860-0991

addressed as follows

	CLERK OF THE COURT
	UNITED STATES DISTRICT COURT
<u>CONSTANCE PICCIANO</u>	<u>NORTHERN DISTRICT OF CALIFORNIA</u>
<u>ATTORNEY GENERAL'S OFFICE</u>	<u>280 SOUTH FIRST STREET 2112</u>
<u>1306 T STREET STE 1101</u>	<u>SAN JOSE, CALIFORNIA 95113-3055</u>
<u>SACRAMENTO, CALIFORNIA</u>	
<u>94244-2556</u>	<u>ATTN: HONORABLE JEREMY FOGEL JUDGE</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is  
true and correct, and that this declaration was executed on (date) MAY 18, 2008  
at CRC IN THE COUNTY OF RIVERSIDE, California.

Type or print name: AARON JAMES PIERCE

Signature: Aaron James Pierce

EXHIBIT

COPY

(C)

UNITED STATES NORTHERN DISTRICT COURT  
**Proof of Service by Mail** (CCP § 1013(a) & 2015.5; 28 USC 1746)

REGARDING: PIERCE VERSES MARTEL, CASE NUMBERS: CV-08-2630 JF (PR)  
 CV-08-2678 JF (PR)

I declare that: REGARDING ME, AARON JAMES PIERCE J55222 - 409 - 34COW

I am a resident of the County of RIVERSIDE, California. I am  
 over the age of eighteen years. My residence address is:

CALIFORNIA REHABILITATION CENTER - IV, FACILITY IV, DORM 409, BUNK #34-COW

POST OFFICE BOX #3535, NORCO, CALIFORNIA 92860-0991

On JUNE 04, 2008 I served the attached (A) COVER LETTER TO THE ATTACHED  
 DECLARATION (B) DECLARATION AND NOTICE THAT PLAINTIFF ALREADY MAILED  
 ABOVE ENTITLED COURT A PRISONER'S IN FORMA PAUPERIS APPLICATION IN  
 PAGES 09-15 OF ATTACHED 42 U.S.C. § 1983 HE MAILED COURT AND ATTORNEY  
 GENERAL ON 05-18-08 AND IS NOW MAILING THE CLERK AND JEREMY FOGEL JUDGE  
 AGAIN WITH THIS REQUEST FOR NOTICE OF FILING THIS ATTACHED COMPLAINT WITH A  
 CONFORMED COPY OF IT AT MY PRESENT ADDRESS (C) AN ADDRESSED ENVELOPE

on the PARTIES NOW LISTED BELOW in said case, by placing a true copy thereof enclosed  
 in a sealed envelope with postage thereon fully paid in the United States mail at CALIFORNIA

REHABILITATION CENTER ON 5TH AND WESTERN IN NORCO, CALIFORNIA 92860.

addressed as follows

(#2)

CLERK OF THE COURT

UNITED STATES DISTRICT COURT

CONSTANCE PICCIANO

NORTHERN DISTRICT OF CALIFORNIA

ATTORNEY GENERAL'S OFFICE

280 SOUTH FIRST STREET, 2112

1300 T STREET STE 1101

SAN JOSE, CALIFORNIA 95113-3095

SACRAMENTO, CALIFORNIA

94244-2550

ATTN: HONORABLE JEREMY FOGEL, JUDGE

I declare under penalty of perjury under the laws of the State of California that the foregoing is  
 true and correct, and that this declaration was executed on (date) JUNE 04, 2008

at CRC IN THE COUNTY OF RIVERSIDE, California.

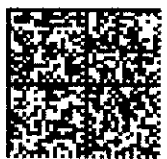
Type or print name: AARON JAMES PIERCE

Signature: Aaron James Pierce

ORIGINAL

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MAIL GENERATED FROM  
CA REHAB CENTER  
CRC STATE PRISON



UNITED STATES POSTAGE  
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CLERK OF THE COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
280 SOUTH FIRST STREET 2112  
SAN JOSE, CALIFORNIA 95133-3095

ATTN: HONORABLE JEREMY ROGER, JUDGE